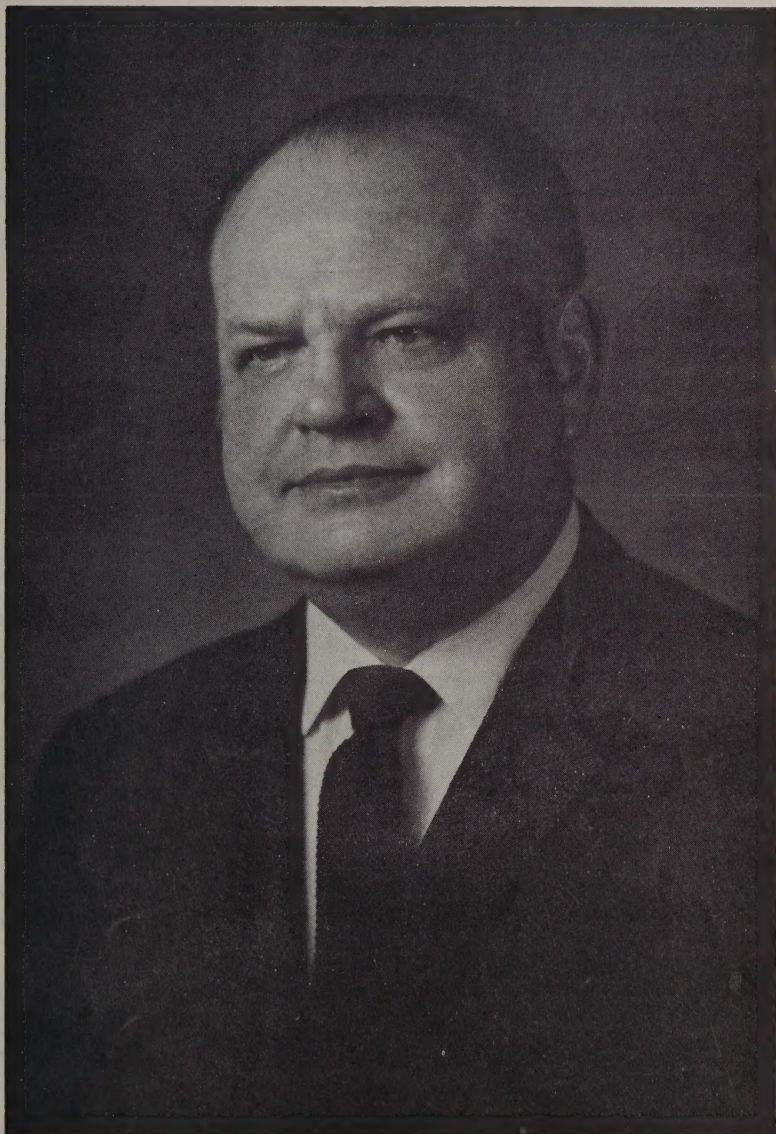


THE HAMPTDEN HIPPOCRAT

JUNE
JULY 1974



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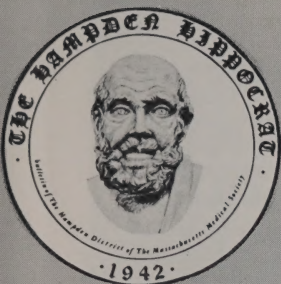
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VOL. XXX, NO. 6

JUNE/JULY 1974

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The official bulletin
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THE HAMPDEN HIPPOCRAT is published monthly except for July and August.

The opinions expressed in this bulletin are those of the writers and do not reflect the official viewpoint of the Hampden District Medical Society unless so stated.

Communications pertaining to editorial content should be addressed to the Editor-in-Chief, 24 Salem Road, Longmeadow, Mass. 01106.

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Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

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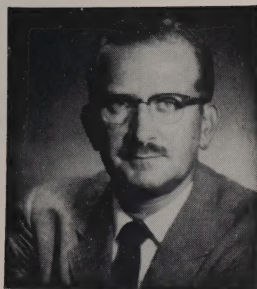
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Your President's Page

What is the Purpose of the Hampden District Medical Society?

The HDMS is a voluntary organization of 540 or so physicians banded together for specific reasons. Have you ever sat down and tried to figure out why you joined the society and what value it has for you, the community, and organized medicine? Was it for social reasons, so that you could join with your colleagues four times a year at District Meetings, dinners and business meetings? Was it because you wished to be part of organized medicine and have thoughtful input into the workings of your local and state societies? Or did you just feel it was the proper procedure to follow?

All of the above, put together, are very adequate reasons for your membership. However, the society plays a very important role in medical affairs in our geographical area, which many of you may not appreciate. Through our society, we coordinate health activities, act in an advisory capacity to business, educational and health organizations, and keep the public properly informed in all health matters.

Through our Public Relations Committee we can present facts and informed opinions to the news media in an honest, and I trust, unbiased manner.

It has been stated that the more thoroughly informed people are about their health, the better health they will have. The State society has started a campaign of personal responsibility for the individual's health, expressly mentioning four areas where one can avoid serious consequences of abuse. These are overeating and poor nutrition, overuse and abuse of drugs, overuse and abuse of alcohol, and avoidance of tobacco in all its forms. The physician should point out these important health hazards to his patients and the public as well, and of course by his own attitudes and behavior set a proper example for others to follow!

There is a growing need for medical services in all our communities. Planning for health care needs, and the methods for delivery of such care in our specific areas, should be our concern. However we have not accepted the challenge in the past and consequently other groups have moved in to try to manage these problems. We should be in the foreground of explaining new methods and developments so that we could apply them to our needs. Perhaps it is not too late to start and with this in mind I shall ask the Public Health Committee to outline a program projecting current health care needs, and future health services.

And finally, I wish to stress the importance of the Society in furthering the interests of the medical profession so that the public interests remain paramount. Encroachment upon the practice of medicine by State and Federal regulating bodies has to be regularly checked. Only by concerted action can we prevent these inroads upon the freedom of the physician to render the best possible service efficiently, economically, and humanely.

Bernard Bloom, M. D.
President



Highlights of the HDMS Executive Committee Meeting May 21, 1974

The Executive Committee convened at 7:15 P.M. on Tuesday, May 21, 1974, in the Conference Room of the Society.

Present were Drs. Stevens, Janovsky, LaMarche, Kraus, Asinas, Zacarian, Moore, Kelley, Cummings, Cox, and Mrs. Purdy.

Absent were Drs. Bloom, Goldberg, Burke, Sheehan.

The minutes of the April meeting were read and approved by the committee.

CORRESPONDENCE

A letter from HCFWM written to Dr. Zacarian, President, was read. Also HDMS has written a support letter for the PSRO designated Area I.

Two thank you letters from Kitty Broman for the award given her at the District Meeting were read.

A thank you from the general manager of Ch. 57 to your secretary for bringing his attention to the "Today's Health" television series was received and they will possibly use them next year in their programming.

Dr. Griffin wrote referring to the lack of confidentiality between physician and patient as far as welfare is concerned. A copy of this letter will be sent to MMS to the chairman of the Tax supported Medical Care Committee and ask for a reply. Dr. Griffin will be so notified.

OLD BUSINESS

As a result of the Blue Shield District Professional Committee meeting on a problem presented by Dr. Hirschhorn a letter was written to Dr. Fine. Dr. Fine answered that the complaints are being taken to the proper committees for study.

Mrs. Purdy explained at length about the proposed Medical Exposition that the Convention Bureau is planning for October 30, 31, Nov. 1, 1974, to be held at the Civic Center. Upon motion duly made and seconded it was voted to support this first health exposition. There will be no expense to H. D. M. S.

The exhibit booths will be underwritten by drug companies, etc. It is asked that a meeting be held and a speaker be obtained. Dr. Marshall Mandell of Norwalk, Conn. has been initially contacted for a commitment. Dr. Mandell is an allergist who has developed new approaches to human allergies.

A letter from Dr. Gianelly relative to hypertension was read. Dr. Bloom plans to implement this subject as a project for 1974-1975.

(cont.)

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NEW BUSINESS

The HDMS has been asked to participate in the Skills for the 70's which is an Educational Fair. This will be referred to the Woman's Auxiliary Committee as well as the Public Relations Committee and the Legislative Councilors. *Health Careers* will be the theme of the exhibit.

Upon motion duly made and seconded it was voted to approve Mrs. Purdy's request to attend the seminar and the Annual Meeting of the AMA in Chicago.

Mr. Machia, Director of Education of the Hampden County Gyn Associates wrote asking for cooperation from HDMS in writing a series of articles for the Newspapers. There engendered much discussion and a motion was made to contact MMS and ask for advice as to the proper course to follow. It was strongly felt that any articles should be written by various doctors and be approved by the PR committee before distribution.

The material of the Meditation Society was accepted as informational.

Mrs. Purdy had a complaint from an undertaker regarding physicians signing death certificates. An article may be placed in the HH and/or the next Newsletter.

Dr. Stevens suggested that perhaps Hampshire and Franklin Districts may be interested in contributing to the Hampden Hippocrat. He will contact the physicians in those areas mentioned and report back to the Executive Committee.

The meeting was adjourned at 9 P.M.

Respectfully submitted,
W. E. Stevens, M. D.

Addendum:

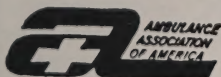
The retiring Secretary wishes to thank the membership and the Executive Committee for all their help and support during the past two years. It has been a worthwhile experience and well worth the time spent thereto. He declined to continue only because he wishes to devote full time efforts to the Massachusetts Radiological Society, to which he had the honor of becoming its President. Your new Secretary—Carl Janovsky—and his assistant are well endowed to assist you and the Executive Committee through the forthcoming year. They will do well.

W. E. S.

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There is a seeming conspiracy which thrives on depicting physicians as not being interested in the public good, but rather as being highly vested and prejudiced "money grubbers." Moreover, these same forces fully realize that "public opinion is the most powerful determinant and the ultimate force that in the long run will determine the social, economic, and political course in this country" and along with it the destiny of health care. The battle cry seems to be that "health is too important to be left entirely in the hands of physicians." Therein lies the challenge to us, the followers of the art of medicine.

First, we must clean our house of those few charlatans who may indeed be "ripping off" their patients. The deeds of this relative handful reflect on the great body of hard working and highly dedicated practitioners. Instruments must be developed to purge ourselves of these detractors.

We must convincingly demonstrate and document to the public, which are our patients and not just consumers, that we not only possess but continually update our cognitive knowledge, skills, abilities, and judgement as we minister to our patients' needs. We must cope ably with such immediate problems before us as governmentally mandated peer review, the HMO attack on fee-for-service, the intense push for transformation of the "health industry" into a public utility with oppressive regulatory controls, and the imminence of national health insurance with all the frustrating confrontations with government that this portends.

We must give thought and action to our own welfare and security as government plays around with various economic controls such as the recently phased out ESP phases. But we must do this with responsibility to the public interest in mind. Without this responsibility more and more of our autonomy and our precious freedom will face increasing governmental intervention.

The public today seems to forget that practicing physicians have always been the best consumer health advocates it ever had. Physicians have always pushed for high quality health care. We must continue to do so and never compromise high quality of care for quantity or cost. One would think that in this era of irresponsible government, when politicians give and bureaucrats take away that this should not be too difficult.

We must reevaluate and reassess our relationship to the "Blues" and the commercial insurers. Both are vying for public support under the guise of consumer advocacy with an eye to garnering supremacy in the health care field. Can they truly represent consumer or patient interests? Perhaps, they can organize them, but can they truly represent them? Are they more in reality "passers of money and increasingly the agents of government in staunching the flow? Are the "Blues" and the commercial insurers just big business with common interests wanting to stay alive in the new political environment being engendered by the imminent national health insurance? Because of the patient-physician relationship, we, physicians, individually have the support for the public support of the profession by devising ways and means of providing "more and better care" with convenient and prompt access when people really need it.

(over please)

Unfortunately, there is no other profession that has as many simultaneous demands being made upon its interests and loyalties than the medical profession. By the same token, these demands tend to be divisive. The opposition is fully aware of these divisive forces and is not only taking advantage of them but gloating over them. No one of us can stem the tide alone, but together we can not only move a mountain but also fashion it for our own good and that of all the people. Our common bond is our profession and our instruments our medical society and its institutional progeny.

Abraham Lincoln once said, "Public sentiment is everything; with public sentiment nothing can fail; without it, nothing can succeed. He who molds opinion is greater than he who enacts laws." Since change is inevitable; than let us direct the change properly through our medical society. Each one of us must extend him and herself more by keeping abreast of all issues, by communicating our thoughts to our Society's officers and committees, by participating strongly and unselfishly in our various Society's activities, and by communicating our unified and concerned actions to the public. Each one of us must contribute our share and more in a unified way or become puppets manipulated by demagogues promising utopia but expecting us, physicians, to deliver it or else be scourged and scapegoated for not delivering it.

John C. Ayres, M.D., President
Massachusetts Medical Society

Salud

Coming Meetings

International Symposium Will Explore Medical and Legal Aspects of Human Experimentation

Physicians, lawyers, and judges from the United States will be among those attending the International Symposium on Medico-Legal Aspects of Experimentation on Human Beings that will be held in Israel October 21-31, 1974. Sponsored by the Society for Medicine and Law in Israel and the Faculties of Medicine and Law of Tel Aviv University, the program will involve distinguished persons from Europe, South Africa, and North and South America.

An outline of the symposium program, complete travel itinerary, cost and registration information can be obtained from Professional Seminars International, 516 Fifth Avenue, New York, N. Y. 10036, (212) 575-1288.



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Synopsis

of the May 20 meeting of the Board of Editors of the Hampden Hippocrat

The dutch treat meeting was held in the Heidleberg room of the Student Prince on May 20, 1974 at 6:30 PM. A review of policies and themes for the forth coming issues was carried out. The same format, presentations and themes as for the past year will be followed. The need for more advertisements to 1) meet rising publishing costs and 2) allow for more variation in article presentation was again brought to the staff's attention. The treasurer's report was read and accepted; the bulletin remains solvent. The Woman's Auxiliary of the HDMS expressed a desire to have a monthly column or article. The Board approved this request and the Ladies will be asked to contribute starting with the September 1974 issue. There is a continuing need for more input from the associate editors and the readers at-large. The large number of contributors makes it interesting. The Board also approved and made suggestions as to changes in the masthead and introductory pages; these will be implemented as and when necessary. Letters of inquiry will be sent to the Presidents of Franklin and Hampshire District Medical Societies to determine if these societies would want to contribute and/or participate in publishing an enlarged Hippocrat. The ideas are only exploratory and if interest is shown by our sister societies, this will be related to the Executive Committee if the HDMS and its full membership for their opinions and wishes. No further action has occurred for request from the dental society for extra copies of the March Issue. The previous issue was not subject to a critique but the editor-in-chief acknowledged that more material directly related to HDMS business was to be forth coming in future issues. With no further business the meeting adjourned and will be reconvened in September—Time and Place to be determined.

The next ten issues will have the following themes.

1974

June—Massachusetts Medical Soc.
September—AMA & the Summer's Happenings
October—HDMS Woman's Auxiliary
November—(open)
December—Medico-Religious & the Holidays

1975

January—Half Way & the Future
February—Mass Legislative Problems
March—(open)
April—Committee Reports & Nominations
May—Annual meeting & Elections HDMS
June—Mass Medical Society

Respectfully submitted,
Walton E. Stevens, M.D. Editor-in-Chief

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Springfield Academy of Medicine

Secretary's Report May 14, 1974

The Springfield Academy of Medicine is completing its academic year of 1973-74 with a significant number of individual problems having been resolved but also more brought up for action. We have enjoyed a most successful lecture season and the attendance has been a great improvement over the past. The further appearance of paramedical personnel has emphasized the broader role of the Academy in the community.

The membership committee under the direction of Dr. Gulab Shah has resulted in 38 new members for the Academy. The resignations totaled 8, and we have thus gained 30 new members for the year. In comparison with last year's net gain of 4, we would have to give a special note of thanks to those who worked so diligently on this matter.

Our continuing dilemma of status according to the I.R.S. has finally been clarified and we are now able to be in full compliance with the laws for tax exempt organizations. This had created a major amount of correspondence and we certainly hope this will bring an end to our continuing dialogue.

The Academy and its library has maintained a high level of use during the year and the facilities and personnel are being taxed to the limit. In this regard, we have been most fortunate to have the services of a volunteer, Miss Marguerite Stadler, R.N., to help Mrs. Lund with some of the ongoing duties. Under the direction of Dr. Smith, there have been a number of inquiries made into the possibility of obtaining additional help which would allow the Academy to maintain and improve its current service. As discussed in the Treasurer's Report, there have been a number of financial problems and these all bear heavily on the amount and type of service which can be rendered.

The Academy wishes to thank all of the members for support during the year and especially those who responded to the additional request for funds to meet our most recent financial crisis. The members of the board are to be commended for their time and effort in attempting to arrive at satisfactory alternatives for our current problems. A special note of thanks must go to Dr. Lorne Smith for his diligent efforts, not only as our President, but also in attempting to maintain and stabilize the Academy's position for the foreseeable future. A final note of thanks must go to Mrs. Mildred Lund for continuing to give a large measure of effort and enthusiasm in these difficult and trying times. We would hope that each of the members would feel obliged to match this in order that the Academy may remain a significant institution in the community.

Thomas G. Magill, M.D.

The report of the nomination follows:

Nominating Committee 1974-5

Officers:

President: Alan S. Peck, M.D.

President-Elect: Silvano Macchiaroli, M.D.

Vice-President: Michael A. Rosner, M.D.

Secretary: Thomas G. Magill, M.D.

Treasurer: Raymond Gelfman, M.D.

Board of Directors:

1975: Bernard N. Gilchrist, M.D.,
Lester P. Goldsmith, D.M.

1976: Victor, Panitch, M.D., Pedro A. Silva, M.D.

1977: Bernard Bloom, M.D., John F. Griffin, M.D.

1978: Leroy J. Kendrew, M.D., Eugene W. Beauchamp, Jr., and

1979: Lorne C. Smith, M.D., John J. Flahive, M.D.

Article: The First Hospital in Springfield

All of the learned historians of this area, including Alfred Minot Cope-land and Clifton Johnson, are agreed that the first hospital hereabouts was opened in April 1870 on land now occupied by American International College, and that the new-born infant, after many trials and vicissitudes, developed into what is now known as the Springfield Hospital Medical Center. In the subsequent 1.04 centuries this has become universally accepted as a fact. There are those who believe that when something is accepted as a truism it is time to question its veracity. Such is the case here.

On October 18, 1845 an advertisement appeared in the Springfield *Republican* which read as follows:

PRIVATE HOSPITAL

Drs. Robinson and Holland have leased the large brick building recently occupied as the Washingtonian House, on the corner of Main and Worthington Streets, and have fitted it up for a

PRIVATE HOSPITAL

The object of this arrangement is to give chronic patients living in the adjacent towns an opportunity of being under the constant care of a medical attendant, and the advantages of apparatus which it is impracticable for practitioners generally to have on hand.

They have provided conveniences for almost every variety of bath, and all the apparatus necessary in an establishment of the kind.

They have made daily use for some months past of Electro Magnetism in the treatment of Chronic Rheumatism, Spinal Curvature, and a large variety of spinal and nervous diseases, and can offer to the public all the advantages to be derived from that important agent.

In addition to the class of patients above alluded to they will accommodate strangers and non resident patients affected with acute disease, and all will be received into and treated as members of the family of Dr. Robinson.

Terms—Board \$3 per week. Medical attendance from \$2 to \$7 per week, depending on the amount rendered.

Chas. Robinson M.D.
J. G. Holland M.D.

The same advertisement appeared in the Springfield *Republican* on December 13, 1845 and in the Springfield *Gazette* on Wednesday, December 31, 1845.

Further documentation of the existence of this institution appeared in Vol-

ume 1 of the Springfield Almanac, Directory and Business Advertiser for 1846. There was a small advertisement in this volume, which obviously was the city directory, although Springfield did not become a city until six years later, stating briefly:

Hospital. Corner of Main and Worthington Sts. for the treatment of all classes of Chronic diseases, and the reception of non resident patients.

Charles Robinson M.D.
J. G. Holland M.D.

The same directory also lists "Chas. Robinson physician, cor. Main and Worthington Sts." and "Holland, J. G. physician and surgeon, corner Main & Worthington, bds .cor Bliss & Water Sts." Dr. Holland's boarding house can be easily located. Bliss St. is two blocks south of State St. and Water St. was what is now East Columbus Avenue.

It is fairly obvious that "the cost of medical care" was not an issue in the 19th century. Another intriguing facet in these notices is the description of the location of the institution, namely "the large brick building recently occupied as the Washingtonian House, on the corner of Main and Worthington Sts." There is little information available about this hostelry, but there is a plausible explanation as to why it folded up. Two years earlier the Chapin brothers had opened the Massasoit House situated where the Julia Sanderson Theatre now stands. The Massasoit House, because of good management and a prime location right next to the new railroad, which then crossed Main St. at grade level, was to become a renowned hotel. It is entirely possible that the competition was too keen for the older establishment a few blocks down the street. Apparently the building in question was on the northwest corner of the intersection of Main and Worthington. This structure was torn down in 1889 to make room for what is now remembered as the gloomy old brownstone Post Office, which in turn now has its successor.

(next page)

How many patients were benefited by the baths and the electro-therapy offered by this institution we do not know, nor can it be determined exactly how long it was in existence. The advertisements ran fairly regularly from October 18, 1845 to the 21st of the following March and then ceased. Probably business wasn't very good. Although Dr. Holland listed himself as "physician & Surgeon" there is nothing to suggest that any surgery was attempted. Certainly very little of it was being done in this neighborhood. Even in Boston the echoes of "Humbug" were still haunting the retreating figure of the unfortunate Horace Wells, and the introduction of ether was several months in the future from the surgical amphitheatre of the Massachusetts General Hospital.

The newspaper advertisement implied that except for unusual circumstances acute ailments were not sought after. This is not hard to understand. In those days there was no point in going to a hospital for any injury or ailment from which one either recovered or died regardless of therapy. If home care was just as effective, it was probably more comfortable. Chronic ailments, on the other hand, might yield somewhat to the crude physiotherapy of the day.

There is another reason, however, that may account for the early demise of this institution. This is the pitiful little notice in the *Republican* that announced the death "on Wednesday morning January 21st, Sara A. wife of Dr. Charles Robinson." We can only speculate, but the chances are she represented the entire housekeeping, nursing and dietary departments of the facility and without her the hospital could not long survive.

The two physicians involved in this short-lived enterprise were, in themselves, fascinating individuals, whose productive careers were not foretold by their initial failure at Main and Worthington Sts.

Josiah Gilbert Holland was born in

Belchertown in 1819. At the age of 21 he began at Northampton the study of medicine, and attending the regular course of lectures at the Berkshire Medical Institution at Pittsfield, he was graduated in 1843. After the failure of the hospital he continued to practice in Springfield for another two years and then abandoned the practice of medicine for the rest of his life. For a brief period he taught school in the South but shortly he was back in Springfield, and in 1849 he became assistant editor under Samuel Bowles, and three years later one of the owners of the *Republican*. In 1855 he published a *History of Western Massachusetts*, and in two volumes and more than 1100 pages he devotes one entire paragraph to local medical history and makes no mention whatsoever of his own venture. Holland wrote verse and several novels and in 1869 he moved to New York where he became editor of Scribner's Monthly, which later became Century Magazine. Holland became the first editor of this periodical, and a noted writer. He died in 1881.

The other partner was Charles Robinson. Although he is now completely forgotten, he was a far more significant public figure and led a far more adventuresome life. He was born in Hardwick, a dozen or so miles northeast of Ware, and also attended the Berkshire Medical College in Pittsfield. Here he was a room-mate of Holland's and also graduated in 1843. After his wife's death, Robinson moved to Fitchburg where he practiced medicine briefly, but soon he became restless and went to California with the forty-niners. He was nearly killed by a bullet wound in the chest during the Squatters' Rebellion in Sacramento, but survived to serve in the first state legislature of the newly admitted state of California. He then returned to Massachusetts, married his second wife and again entered into practice in Fitchburg, and as a moonlighting project he edited the *Fitchburg News*. (over please)

Robinson was now busy, but bored. Far away to the west a great part of the nation was a-building. The Kansas-Nebraska Act had just been passed, providing that popular sovereignty would determine whether slavery would be permitted in those states. This was never an issue in Nebraska, but Kansas was only one wide river to cross from Missouri, a slave state determined to have another over that border.

At this point the New England Emigrant Aid Society was organized. Its purpose was to encourage and help finance New Englanders to move to Kansas, settle on good land with a favorable climate, and incidentally vote against slavery. Under these auspices Robinson went to Kansas as a resident agent. During the next six years he engaged in elections sometimes held at the point of a gun, he commanded volunteers in various scuffles in "bleeding Kansas," he infuriated President Franklin Pierce, he was indicted for treason, and he was arrested as a fugitive in Lexington, Missouri, where he might have been handled rather roughly, but it just so happened that the local court was under the jurisdiction of a judge who had originated from, of all places, Fitchburg, Massachusetts.

One major thorn in the flesh of those who would win the anti-slavery battle in Kansas was another former Springfield business man, John Brown. Although he was technically on the same side as Dr. Robinson, he was doing the abolitionist cause no good by his ultra-violent approach.

Despite all these travails, by 1857 enough Northerners had streamed into Kansas so that the antislavery men won control of the legislature. Kansas was admitted to the Union as a Free State in January 1861 and its first governor was Dr. Robinson.

So Charles Robinson, M.D., physician, operator of a hospital on Main St., editor, forty-niner, leader of the Squatter Rebellion in Sacramento, a member of the first legislature in California, a pioneer of the mid-west, mili-

tary commander of the Wakarusa War in Kansas, leader in the successful anti-slavery movement and first governor of the State of Kansas had accomplished all of this by the time he was 45 years old.

Considering the subsequent careers of the two founders of the first hospital in Springfield, Drs. Holland and Robinson, it would seem, at this date, that it is fortunate that their original venture failed.

Howard N. Simpson, M.D.

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Funeral Home

Poet's Corner

What You Always Wanted to Know About Sex But Were Too Dumb to Ask

The dog named Fido
And the cat called Felix
Are both possessed
Of the double helix.
The male, so proud,
(The chauvinist sex)
Can only boast
A single x,
Whereas the female cell
Is shy
Of nothing but
A single y.
Y is it that
A pair of x's
(Or x and y)
Determine sexes?
And how can we
At times forget
Our difference is in
The alphabet?
CONCLUSION
The world around
The sun careens,
But our careers
Depend on genes.

HNS

ED: Quite Good!

An Elegy To My Friend

We go through life, reading and seeing
the great wonders of the world;
And sometimes forget that some of the
most precious things are not God
made
One such wonder which come but rarely
is indeed a friend;
I knew such a man, I knew him well,
he towered above all men, his name
was Fred

His stance, overshadowed all others; a
sense of values, a sense of time and
insight
He gave more than he received, reached
out, more than he grasped
He attained great heights, but possessed
humility, a deep man with a profound
heart
I was privileged to be his friend, the
countless hours spent; ideals shared

Though his physical being is beyond my
touch and vision—his imprint etched
and left behind
Upon my heart and mind ever present
and always alive—as with the ebb
and flow of the endless tide

S. A. Z.

Ernest A. Byron, Jr.

SPRINGFIELD

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TELEPHONE 781-0550

SPRINGFIELD, MASS.

WELCOME NEW MEMBERS

Ronald K. Burke, M. D.

91 School Street

Springfield, MA. 01105

Born: Jan. 24, 1940

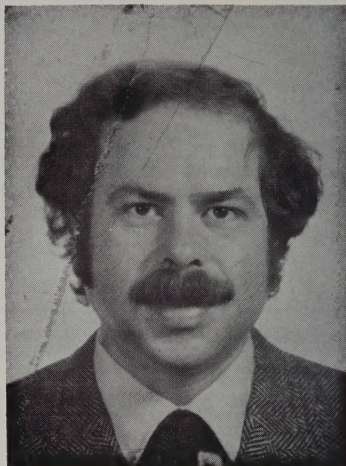
Medical School: University of Kentucky College of Medicine 1966

Internship: Philadelphia Naval Hospital, Philadelphia, Pa. July 1966-June 1967

Residency: Thomas Jefferson University Hospital, Philadelphia, Pa. Aug. 1970-July 1971

Temple University Hospital, Philadelphia, Pa. July 1971-July 1973

Specialty: Obstetrics and Gynecology

**John D. DeWeese, M. D.**

146 Chestnut Street

Springfield, MA. 01103

Born: October 27, 1940

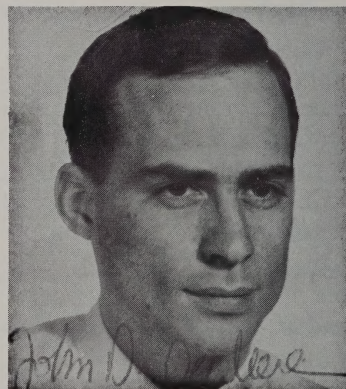
Medical School: University of Rochester 1966

Internship: Strong Memorial Hospital, Rochester, N. Y. July 1966-June 1967

Residency: Strong Memorial Hospital, Rochester, N. Y. July 1967-June 1968

Boston University Affiliated Program in Orthopedic Surgery, Boston, Ma. July 1970-June 1973

Specialty: Orthopedic Surgery

**Adly H. Iskandar, M. D.**

Wesson Memorial Hospital

140 High Street

Springfield, MA. 01105

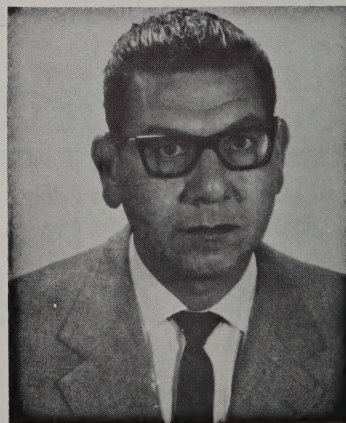
Born: December 5, 1929

Medical School: Cairo University 1957

Internship: Egypt 1957-1958 Ministry of Public Health Hospitals

Residency: Massachusetts General Hospital 1969-1971

Specialty: Anesthesiology



New Members

May 1974

Robert J. Kasper, M. D.

780 Chestnut Street

Springfield, MA. 01107

Born: October 25, 1942

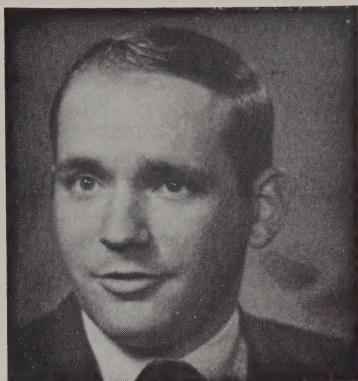
Medical School: State University of
New York—Upstate 1969

Internship: Hartford Hospital, Hart-
ford, Conn. 1969-1970

Residency: Hartford Hospital, Hart-
ford, Conn. 1970-1971

Springfield Hospital Medical Center,
Springfield, MA. 1971-1974

Specialty: General Surgery



Richard J. Miller, M. D.

67 Mulberry Street

Springfield, MA. 01105

Born: March 23, 1927

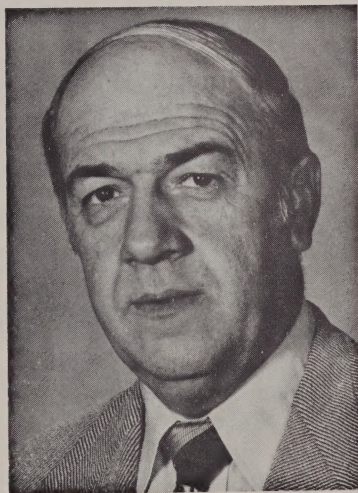
Medical School, Tufts University
School of Medicine 1954

Internship: Naval Hospital, Chelsea,
Ma. July 1954-June 1955

Residency: Naval Hospital, Chelsea,
Ma. July 1955-July 1959

Barnes Hospital, Washington Uni-
versity School of Medicine, St. Louis,
Mo. July 1964-July 1966

Specialty: Plastic Surgery



Barry F. Sachs, M. D.

125 Liberty Street

Springfield, MA. 01103

Born: March 30, 1935

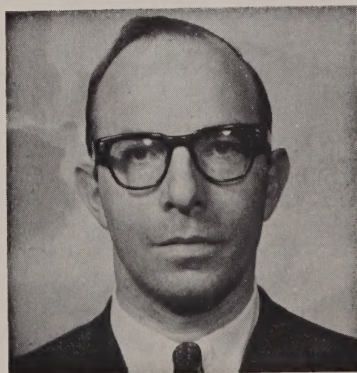
Medical School: New York University
1959

Internship: University Hospital, Cleve-
land, Ohio 1959-1960

Residency: Boston City Hospitals
1960-1961

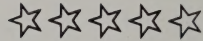
Tufts-New England Center Hospital
1961-1965

Specialty: Pediatric Surgery



NEW MEMBERS

MAY, 1974



Peter G. Sellei, M. D.

Wesson Memorial Hospital

140 High Street

Springfield, MA. 01105

Born: April 23, 1937

Medical School: University of Louvain, Belgium 1966

Internship: United Hospital, Port Chester, New York City 1965-1966

Residency: Montefiore Hospital and Medical Center, New York City 1966-1967

Walter Reed Army Hospital, Washington, D. C. 1967-1969

Specialty: Anesthesiology

Leroy Shear, M. D.

Springfield Hospital Medical Center
759 Chestnut Street

Springfield, MA. 01107

Born: February 20, 1933

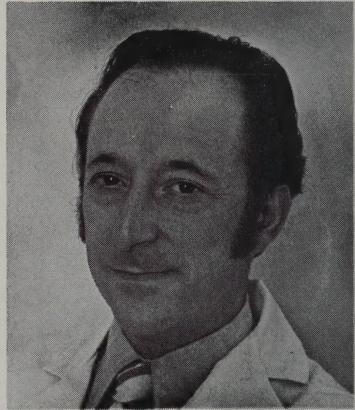
Medical School: University of Maryland 1957

Internship: University Hospital, Baltimore, Maryland 1957-1958

Residency: Cleveland Metropolitan General Hospital, Cleveland, Ohio 1958-1961

Fellowship in Nutrition & Metabolism, Cleveland Metropolitan General Hospital 1961-1963

Specialty: Internal Medicine and Nephrology



Peter B. Wasserman, M. D.

130 Maple Street

Springfield, MA. 01103

Born: February 26, 1943

Medical School: New York University School of Medicine 1967

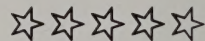
Internship: University of Pennsylvania Hospital 1967-1968

Residency: University of Pennsylvania Hospital 1968-1969

National Cancer Institute 1969-1971

Georgetown University Hospital 1971-1972

Specialty: Internal Medicine



WELCOME ONCE AGAIN!

SEE YOU ALL ON SEPTEMBER 24th!

Notices to Membership

The next scheduled meeting of the membership of the HDMS will be on September 24, 1974.

The next scheduled meeting of the HDMS Executive Committee will be September 10, 1974.

The material and transactions of the recent annual meeting of the Massachusetts Medical Society on May 28, 29 & 30, 1974, as well as the Council meeting of the MMS will be forthcoming from the MMS Secretary's office. No summaries will be published in the Hippocrat.

.....

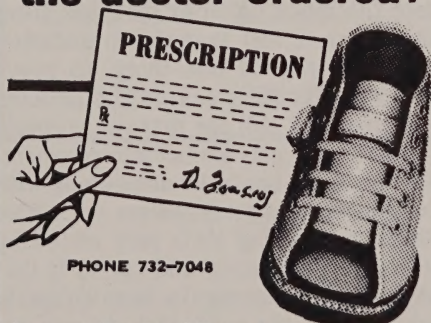
The membership is requested to complete a death certificate in full and to assure that the mortician in charge of the funeral is provided with all the data, as required by State law. The physician, alone, provides the necessary data and can collate it to render useful knowledge for all concerned.

.....

The Springfield School Department and the Greater Springfield Chamber of Commerce announces the second annual "Skills of the 70's." To be held at the Springfield Civic Center on October 8, 9, & 10, 1974. There will be over 50 Career Information Centers. Please check the September Issue for further details.

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News of the Foundations:

Western Massachusetts, P.S.R.O., Inc.

It is time for a report from your roaming and roving PSRO President-to-be and the President of the Health Care Foundation of Western Massachusetts, Inc. I would just like to state that at the moment the Foundation is waiting word from Washington concerning its planning proposal for the P.S.R.O. of Region I of Massachusetts, which had been so designated in the March 18th Register of the federal government. The Planning Committee which will be used in the P.S.R.O. work, only if one doesn't choose to join in the total work of the Foundation. This is available to you and has been so written up in the planning P.S.R.O. application that has been sent to Washington, D. C.

The Foundation is still searching for an Executive Director and for the P.S.R.O. It has signed the CHAMP contract and is working actively with the Commonwealth Institute of Medicine Committee for a new CHAMP contract coming up the first of July. The program has worked quite well in most of the hospitals. There has now been too much unhappy feedback from physicians. I feel that the Foundation has accomplished one thing, to prove that we physicians can do the policing ourselves and still see that the properly handled case gets immediate payment. Further work has to be done along with the contractual arrangement with Blue Shield concerning their peer reviewing with the Foundation and see to it that physicians once again are properly protected in the work they do and are properly paid. I think this proves again that the peer reviewing should be done by peers, doctors by doctors, secretaries by secretaries.

I know that the members of the medical profession, those in the field of osteopathy, and dentists who have become members of the Foundation, will

have much to offer through their Foundation, because it is far reaching and has broader abilities to render health care and not just the peer reviewing.

The Foundation hopes to be able to offer the region a well modulated program of health care that will be able to compete with any program that the government might put out on the basis of their HMO programs. It is for this reason that we need the great unifying strength of the foundations and I strongly urge all physicians, osteopaths, and dentists in Region I area to join the Western Massachusetts Foundation first and the P.S.R.O. as an affiliate.

Request your application from the office of the Health Care Foundation of Western Massachusetts, Inc., and the Western Massachusetts, P.S.R.O., Inc., at 1414 State Street, Springfield, Ma. 01109.

R. N. LaMARCHE

When the supportive care your hospitalized patient is receiving could be equally performed in her own home, consider prescribing **HOMEMAKERS** home and health care services for the duration of her convalescence or crisis.



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West Springfield, Mass. 01089
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739-9655

Letter to Editor

Walton E. Stevens, M. D.
Wesson Memorial Hospital
140 High Street
Springfield, Mass.

Dear Walton:

It is with a great deal of regret that I tender my resignation as one of the associate editors of the Hippocrat. I felt sure that I would be in fine fettle and go back to my usual busy, hectic, and wonderful schedule. However, my "foolish" state of health remains the same and I find to my annoyance that I must curtail everything except the absolute necessities.

I am also resigning from my position some time in July or August. Hopefully, they will find a replacement by that time.

I know that you will understand that it is not lack of interest which prompts me to write this letter but merely that I must face the facts of life.

My very best wishes for the continued success of the Hippocrat and your very fine work in making this possible.

Cordially yours,
Helen Harmand, M. D.

MYLANTA
FRANK BOBBIN

Upcoming NCME Programs

Here are the playing dates and upcoming programs to be distributed by The Network for Continuing Medical Education (NCME):

July 15-August 11

Snakebite, with Findlay E. Russell, M. D., Professor of Neurology and Director, Laboratory of Neurological Research, University of Southern California School of Medicine, Los Angeles.

Skin Testing For TB, with John A. Crocco, M. D., Director of Pulmonary Disease Section, St. Vincent's Hospital and Medical Center, New York, and Downstate Medical Center, Brooklyn.

Parasitic Infestation: Look For Lice, with Silas E. O'Quinn, M. D., Professor of Dermatology and Dean of Medicine; and Harold Trapido, Ph. D., Professor of Tropical Medicine and Medical Parasitology, both at Louisiana State University School of Medicine, New Orleans.

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SPRINGFIELD, MASS. 01109

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1383 Main St., Springfield (Johnson's Bookstore Building)

Principles of Hospital-Press-Radio-TV Cooperation

OF THE

Massachusetts Hospital Association

(APPROVED JANUARY 5, 1954)

WHO SHALL RELEASE INFORMATION?

The hospital administrator, the public relations officers, or other designated deputy of the administrator should release information on a 24-hour basis including weekends and holidays.

If the patient is conscious and can communicate with the doctor, nurse in charge, or relative, he should be asked whether he will permit any information to be given. Ordinarily his decision should be final. In no case will a prognosis be made.

INFORMATION TO BE GIVEN

IDENTIFICATION

Name and Address (verify for accuracy)

Sex

Marital Status

Occupation

Time of hospital admission

NATURE OF ACCIDENT

Allegedly injured by automobile, explosion, shooting, etc.

No statement may be made as to who caused the accident.

If there is a fracture, it is not to be described in any way except to state the member involved i.e., leg, arm, etc.

INJURIES OF THE HEAD

A simple statement may be made that injuries are of the head.

The word "fracture" should not be used unless confirmed by a member of the medical staff.

INTERNAL INJURIES

It may be stated that there are internal injuries but nothing more specific as to the location of the injuries until a definite diagnosis is established.

CASES OF POISONING

No statement is to be made that a patient is poisoned.

No statement concerning motive, whether suicidal or accidental, etc., may be given.

Inquiries should be referred to the Medical Examiner or police in cases of suspected homicide or suicide. Other statements are to be made at the discretion of the hospital administrator.

INTOXICATION

No statement may be made as to whether the patient is intoxicated or otherwise.

BURNS

A statement may be made that a patient is burned and to what extent; i.e., most of body or partially, but not naming specific parts of body.

A statement as to how accident occurred must be made only when facts are known.

UNCONSCIOUSNESS

If the patient is unconscious when he is brought to the hospital, a statement of this fact may be made. The cause of unconsciousness should not be given until a definite diagnosis is established.

(cont.)

DANGER LIST

It may be stated that the patient is on the D. L.

DEATH

Death of a patient is presumed to be public property.
Such information may be released to the Press.

PHYSICIANS' NAMES

Hospitals may state to newspaper or radio representatives the name of the attending physician of a private patient, but newspapers and radio representatives are requested not to use the physician's name without his consent. Physicians who are fellows of the Massachusetts Medical Society shall be guided by the requirements of the Society's Publicity Code.

PHOTOGRAPHS

When pictures for news releases are requested, such permission will be given only if, in the opinion of the doctor in charge of the case, the patient's condition will not be jeopardized. Pictures for news releases may be taken if the patient (or in the case of a minor, the parent or guardian) is willing to have the photograph taken and used.

PRESS, TV AND RADIO RELEASES ABOUT PROMINENT PERSONAGES

As with all patients, statements regarding important personages will be governed by the wishes of the patient and the family. When the patient has a public relations representative, the hospital representative should work through him, and outside contacts should be made through the hospital administrator or a hospital official designated by him.

Periodic bulletins on the patient's condition should be prepared. These should then be released to local and national news, TV and radio organizations.

When such a patient is placed on the D. L., the hospital will notify the public relations representative, who will prepare the outline of a release to be issued in case of death. If possible, this release will be checked with representatives of the patient and also checked with the family before death.

Should the death of such a patient occur during the day, the release to the press will be made by the administrator or public relations officer after the proper clearance. If death occurs at night, the prepared statement will be checked with the family and then released by the properly authorized hospital official. Release on the death of such a patient should be made immediately.

If the patient recovers and is discharged from the hospital, the release of such information should likewise be made.

NOTICE:

Hampden District Medical Society
1414 State Street
Springfield, Massachusetts 01109

The Secretary reminds you of the resolution passed April 27, 1965, at the Annual Meeting of the Society on telephone listing as follows:

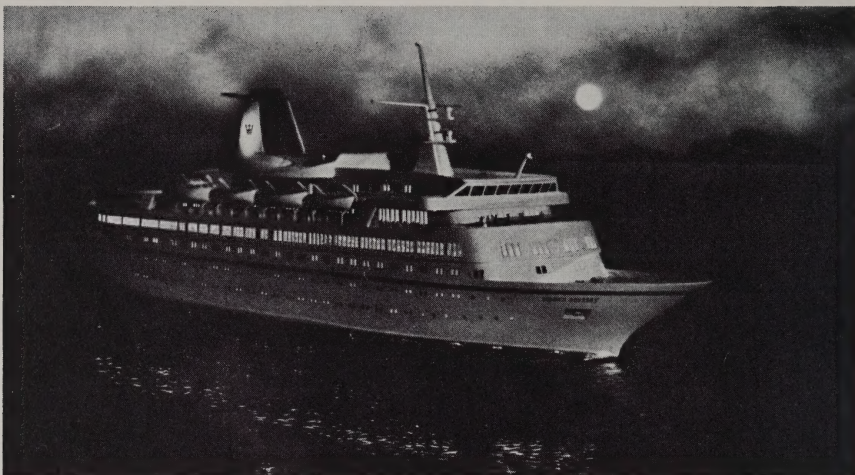
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On March 13 the Council gave its final approval to a complete revision of the MMS bylaws, which had been developed over four years of hard and conscientious work of the committee and your councilors. Each of you has received a copy of the proposed bylaws for action at the annual meeting of the Society. I urge you to study them at your convenience. However, you will find a summary of the significant changes on pages 5 and 6.

For those of you who are not familiar with the organizational structure of the MMS, it should be pointed out that it is the Council which is the governing body of the Society. In other words, only the councilors you elect at the annual meeting of the district society have the power to direct policy of the state medical society. Therefore, the importance of councilors attending council meetings to represent you is of paramount importance. Equally important is your twofold duty to elect interested, informed physicians and then to openly discuss your opinions with them. The right of the Council to act in your behalf has been upheld by the Superior Court.

One change which affects this series on parliamentary rules is the change from using Robert's Rules as an authority to Sturgis' Standard Code. This will bring us into line with the A.M.A., but will also modify those portions of Robert's which have been found to be in conflict with certain legal concepts. In my first article, I briefly explained the origin of parliamentary procedure as being the English Parliament. General Robert modified and expanded their rules to suit our needs. However, certain portions have been subjected to legal debate; for example, the rule which requires that only a member voting with the majority may move reconsideration of a motion. The courts have held that this abridges freedom of speech of the minority. Ms. Sturgis has corrected this defect, among others.

My previous articles in this series were based on the basic principles of assembly which, to the best of my knowledge, remain unchanged. However, future articles will require some degree of cross-checking with Sturgis' Code. There is also an impression that certain sections have been simplified to fit the needs of a society such as ours. Time will tell how they work.

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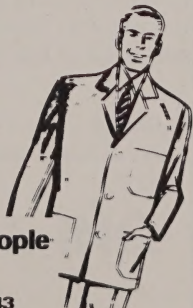


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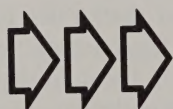
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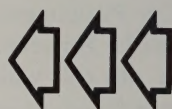
Let's return now to the revision of the bylaws which is before you. A mechanism for obtaining from the entire membership a consensus of opinion that will be binding on the officers of the Society has been added (see Chapter XIV). The initial proposal of a supremely powerful Board of Trustees has been defeated (see Hippocrat, September 1973). The growing interest in bringing medical students into contact with the deliberations of medical societies is recognized and closer cooperation with specialty societies is encouraged. The annual Council meeting will be held during the annual meeting of the Society so that more physicians can listen in on the deliberations of their policy-making body and develop a better understanding of the problems we face together. The terms of the legislative councilors have been changed to correspond with the functions of the General Court, allowing them to serve us all in a more efficient manner. An office of Executive Vice-President, who will be elected by the newly-named Executive Board, will be established to carry out the day-to-day administrative functions. An appeal mechanism for those denied membership is established, along with a Judicial Committee, which shall have final appellate authority on all questions of ethics and discipline. The Committee on Medical Education will continue as previously, but the proposal that they would be allowed to set standards as a condition of membership was defeated.

Let's hope that each member of the Hampden District will endeavor to take his proper place in the activities of his district, state, and national professional societies. Your input is needed, your criticisms welcome, your resolutions for improvement honored, and the effort you make gratifying.

James D. Allan, M. D.



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Comments on Some of the Issues Facing the HDMS's Officers for 1974-1975

Patient Care

As long as a sizable segment of the population within the HDMS boundaries can not get "Instant Medical Care," crusaders and claim-to-famers will continue to tear down the present structures of medical practice and urge their plan for socialized success. Deficiencies do exist in the current delivery of health care. Some of these are the direct fault of the fat cat syndrome; others have evolved because of the demographic changes in life styles of both patient and physician. The new officers of the HDMS may well look at our local problems and suggest to the membership and record for the population-at-large about these problems, what can be done by individual physicians and organized medicine and what can be accomplished by other health care providers. Not all blame for poor delivery of the Nation's health care is the physician's fault, nor does he have the ability to change favourably the problem areas—this requires a true team effort.

The HDMS Officers must find means and ways of encouraging new physicians to practice within its jurisdiction and to participate in the Society's affairs. They must encourage new ideas to better utilize what resources in facilities, personal and finances are already present and they must seek outside funding, personnel and ideas to which they must blend what is present. No small task but an absolute necessity; a long range planning commission seems essential. The new idea in practice in Chicopee is one example of advanced thinking and planning.

To continue to bemoan that physicians do not make housecalls is beating a dead horse. What are the viable, non-expensive means of getting a physician and patient together when needed? The Emergency Rooms have stepped into the void, but they are not designed to nor should they practice office medicine. Perhaps the hospitals should be prodded to create, enlarge or improve their outpatient clinics. In the "Good Old Days" when everybody had housestaffs this form of medical practice many patients received excellent care and help. The H. M. O. concept should be fully explored. Since physicians do not (apparently) like to practice *corporate medicine*, then other agencies and institutions in the Health Care Delivery System must step in with the business-management-financial knowhow. A well run in-or out-house PSRO program will still allow the physician to monitor his peers and the quality of the delivered care. Corporate medicine can augment and if allowed replace private practice. The physician must guide his patients to the best choice. Apathy or despair and withdrawal by the physician will only allow other *leaders* in health care to have their ideas promulgated to our dissatisfaction and dishonor.

A system to provide better coverage in the absence of a single private physician must be developed, if this form of practice is to survive. Answering services were originated to get patient and physician together. Too often they act to keep them apart!

(cont.)

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The physicians of Hampden District should be the leaders in plans to getting patients to and from their homes to the sites of their doctor's offices. The volunteer work is excellent but needs coordination and several mini-buses would be more efficient. A nominal fee would even be appropriate.

A final point of patient care is the need to create institutions for chronic disease. It would appear that the Springfield Municipal Hospital, the Holyoke Soldier's Home and the Western Massachusetts Hospital could all provide excellent bases for such chronic, long term or terminal care. There is an urgent need for institutional beds which provide both nursing and physician care, but which are divorced of the costs associated with acute bed care and those delivery systems which provide highly specialized (and expensive) services which have to be passed along to the patient thru per diem bed charges. Whether this should be a state assignment or whether business and industry should maintain and administer these beds is a decision for the general public to make. My personal opinion is that the state should pioneer the way, as it has a right to care for those citizens who can not care for themselves.

Public and/or Professional Relations

Regional planning has been assumed by the B agencies and the physicians' contributions are minor and often ineffectual. Even though we have been dealt out of the game, there is no reason that we can not start our own card game! I would again recommend that a four county/district joint commission be created by each of the western district societies to deliberate on what is needed for regional planning as viewed by organized medicine and the physician. It should be pointed out to the A agency in Boston that physicians still have contributions to make in the planning for their patients—we even are consumers at times. The public needs as interpreted by this commission should be coordinated with the state society, which in turn can inform the news media and the other interested parties in the state house.

In these pre-advent times it is essential to determine our friends and our enemies. Closer socio-economic and professional ties must be made with other health professional and related groups. As the time draws nigh when National Health insurance is a reality, the health professionals must be guiding positively the construction not only of the Public Law, but the interpretations and the rules and regulations which will govern our future professional lives. As Congress molds and congeals the nations and its ideas into this momentous health act, the physician and his legal counsel should assist, should anticipate, should demonstrate the logic or consequences of a particular facet or interpretation, should be one step ahead of the process (having thought the problems thru before the fact). Our battlecry should be "Remember the Medicare Fiasco!" Each of the professions

(next page)



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can assist the other in looking into the complexities and apprising the other of its possible significance. Liaison committees and appointees to each other's executive committees will facilitate the necessary interchange between the various health professionals' societies.

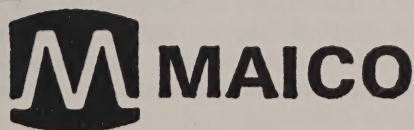
The concept of a medical ombudsperson to listen and help the patient find the proper and necessary medical aid should be evaluated. Spinoff from this would allow the HDMS to develop positive policies and programs to meet the public's and the politician's demands for improved services. As was said before not all are within the physician's power to change or influence. These facts must be pointed out to the law makers and the public in our defense. Further spinoff would give the Public Relations Committee vital and topical material to reiterate our positions and reasons, as well as provide them with copy to sell our side of the health care system and to prove that it is not as bad as some would have the public believe.

Further committee and member thought should go into extending the length of the term of the president and the president-elect. The advantages seem to outweigh the possible disadvantages; it is a matter that not be rushed but one to study.

The corrosive cancer within our midst must be eradicated before NHI, by ourselves or we shall be joined together by directives from Boston and Washington. We physicians must destroy the animosity that sets hospital against hospital and medical staff against medical staff. Each of the hospitals in our district has a distinct and unique position and role to play and fulfill. Coordinated and planned action and future courses should be part of a master plan agreed to by all. When growth dictates duplication of facilities, when need clearly demonstrates that a second *zoomo* is needed to satisfy patient demand then a well balanced and informed "B" agency can easily recommend approval of the certificate of need. The Greeks said "Govern yourselves or you shall be governed." Wise words, as usual, for those and our times.

The Editor asks his officers to plan ahead and Act and not React.

W. E. Stevens, M. D.



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5) *Nutrition*—A nutrition program for the elderly will begin operating at various centers throughout the city, five days a week, beginning March 20. These centers will provide a hot lunch, served in a congregate setting. Watch your newspaper for further details and specific opening dates of various centers.

Home Care provides information and referral services to any elderly person. We are working closely with other community agencies to give the best possible solution to problems of the aged, and will make all necessary telephone calls in order to keep telephoning for the elderly person at a minimum.

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Today's Teenager

JOHN J. ZADWORNY

If we as physicians undertake the professional care of the teenager of today we must view the patient totally and try to understand the motivating factors behind their actions of today. Whether these factors are social, economic or psychic in origin the knowledge of these factors will enable us to see the teenager as an individual and to appreciate the tensions and anxieties which may be intimately involved with her current problem. If we accept the responsibility of managing the teenage patient we should be sufficiently orientated in the various paramedical and medical fields involved to help the patient cope with her social, economic, emotional and physical problems. With this in mind the following thoughts are put forth.

Today's teenager is impulsive. To her time is always immediate. The now is all-important. Tomorrow is rarely soon enough. Today's teenager feels that she will be misunderstood and that her fears will be rejected and not helped. If we are to be successful with the teenager we must blend an intellectual and emotional understanding combined with a sense of proportion and judgment that will insure our clinical objectivity. During the teen years there is a physiologic as well as a psychologic transformation occurring so that the emerging teenager has a new identity which she must learn to live with, to work with and to master. She finds that she has new capacities and new responsibilities. She must learn to adjust to these limitations, to the freedoms and to the responsibilities that have suddenly come to her. She has a choice of separating successfully from the influences that would prevent her from assuming the full measure of this new identity or she must in some way deny the fact that she is a young woman. To succeed she must compromise between forces that seem to be mutually exclusive. She wants her independence. Yet she sees that total independence is difficult to achieve and quite unpleasant to maintain. She must learn to share her hopes, her ideas, her feelings and her experiences. If successful, she will develop the attitude of mutuality which, when perfected over her teen years, will lay the ground work for future intimate, interpersonal relationships. Today's teenager soon learns to detect the fallacy in the double standard. She learns to think for herself. Yet she knows that she will not be allowed to make certain decisions. She begins to examine the value systems and standards of her family, her peers and her culture. She begins to make her own judgments. She will either accept the value systems of her environment or she will reject them, depending to a large extent on whether she herself feels that she is accepted or rejected.

(over, please)

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One of the major psychological tasks facing today's teenager is the development of an identity. Her physical, her social and her emotional forces contribute to the development of this sense of identity. The increase in size and weight that accompanies her growing adolescence and the development of her secondary sexual characteristics have a great and an immediate impact on this emerging adolescent. The growth changes mark the onset of an irreversible process that must lead to physical and, hopefully, emotional maturity. The adolescent state is a critical period that signals the end of the tranquility of childhood and heralds the onset of the frustrations of early adulthood. This adolescence is variable in its onset and its duration but successful passage through this adolescence depends upon the integration of maturation in the biological, the physiological and the sociological spheres. This growth spurt that accompanies the development of secondary sexual characteristics results in an immediate fluctuation in the teenager's personality and in the modification of attitudes towards herself and others. There is also an interdependency of the physical, sociologic and psychologic influences operating during this period so that any delayed development in one area will effect development in the other areas. Ideally, progressive integrated growth will occur in all three spheres.

The changes that occur during adolescence are quite noticeable. Socially, the teenager begins to look and listen to others of the same age and sex—her peer group. A new social world evolves in which the peers often cling together to the exclusion of their parents and to children of other ages. The peers support and encourage one another and they develop their own expressions and their own language. They join in the exploration of their new world. They compare and they test standards of morality and end up with a flexible set of standards known as peer mores. The adolescent teenager is very ready to defend her peers and her peer mores. At this stage she is less likely to openly espouse a friendly attitude towards her parents or towards the values held by her parents. The adolescent experiences an awakening of sexual interests that have been dormant through the years of latency in pre-adolescence, and during the adolescence these sexual interests are consciously experienced and discussed with members of her peer group and they are acted out in accord with peer mores in compromise with social and religious prohibitions. She feels continued internal and group pressure to be freed from a previous state of dependency on parents and she has an overwhelming desire to assume adult prerogatives. She questions traditional standards of morality and validity of demands imposed by authority figures. She searches for a philosophy that encourages self determination, separation and interdependence and yet she seeks security, acceptance and limits on personal behavior. In essence, our society causes the teenager to find herself in a paradoxical situation.

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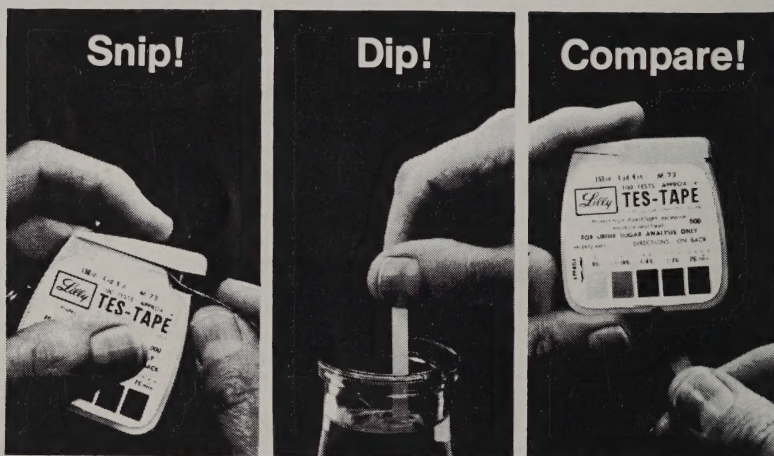
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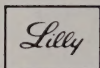
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